



Arkansas Insurance Department

Marketplace Information File Specifications

Version 3.0

Last Edited: January 8, 2019

DOCUMENT CONTROL

DOCUMENT HISTORY

Version Number	Date	Summary of Change
1.0	Feb 3, 2014	Standards for data submission by insurers for Marketplace Information created. This version was created with consideration of the Plan Year 2014 environment.
1.1	Feb 3, 2014	Addition of ftp details.
1.2	Feb 6, 2014	File and data specifications prepared for release after carrier comments have been received. The definition of enrollment, as described in the PREFACE section has been broadened to include certain exceptions due to initial FFM rollout issues. The file name convention has been modified to allow multiple files per carrier if they prefer to split their data into multiple files. Permitted values in table 4.2.1 changed to allow for blanks for certain fields. Null for payment status changed to "blank". The errors in the examples have been corrected.
1.3	Feb 7, 2014	Changed ftp password AID contact to an organizational email-id
2.1	Sep 26, 2014	Data enhancements incorporated & data submission periodicity changed, This was done after reviewing insurer comments following the change proposals furnished via email on September 12, 2014 through pdf document "Change proposals to Enrollment Data Nov 12 2014". The change proposals remain the same with the following exceptions; SSN was dropped and the option of masking insurer's Unique ID for enrollee was offered.
2.2	October 10, 2014	Clarifications on PAYMENT_STATUS, FIRST_EFFECTIVE_DATE, change of Wellness_visit_date to Preventive_visit_date & inclusion of Appendix for Preventive services CPT codes
2.3	September 9, 2015	Draft status. Clarifications added for Payment_Status and Cancellation_Date. Added Appendix 4, to onboard new carriers without change to this data specification document.
3.0	January 8, 2019	Change from ftps to sftp

PREFACE

This document provides technical standards of the files to be submitted to Arkansas Insurance Department for aggregation and analysis of the Marketplace Information. A standard format for reporting is needed for aggregating data from all insurers. The data is also being requested at the most granular level of enrollee to enable the Department to prepare reports with any aggregation level that may be required.

This information will be used to produce reports of individuals enrolled, by county, by channel (Marketplace, Private Option or SHOP), by gender, by age-groups and Plan Metal and Variant levels. This information may be used to study the efficacy of the assistance provided by brokers, agents and other possibly assisters.

Our intention is to get as complete and accurate a Marketplace enrollment picture as possible. We want information for all types of Marketplace enrollees regardless of whether they are policy holders or dependents, whether their first premium is pending, whether the enrollee is current on premiums or the enrollee has been cancelled for non-payment of premiums. We are asking for the FFM definition of enrollment (receipt of 834s by issuer) to be applied. However, we understand that with the initial rollout of the FFM, some problems have surfaced and not all FFM enrollees come in through 834s. We want such (non-834) enrollees to be included in this reporting as well, to provide us the most complete data. Two such problem situations reported to us by an insurer are the following:

- CMS has discovered that the 834 file to insurers does not always include all enrollment. To remedy this situation CMS sends a NON-834-CMS ORPHANS- file to insurers for manual entry into their enrollment systems;
- FFM has recently initiated the capability to add dependents on the 834 and for transmitting changes in circumstances, etc. but until then CMS had directed enrollees with the need to make changes to directly contact their insurer to effect the changes. The insurer believes that this practice may continue until this newly added FFM capability is proven.

Data furnished and related to any individual insurer would be unavailable to the public pursuant to the Freedom of Information Act, specifically the exemption provided in Ark. Code Ann. 25-19-105(9)(A).

Regulatory Health Link Division may move towards an Open Data policy for the Plan year 2015, starting with enrollment data without compromising on confidentiality of consumers or that of the carriers.

Insurers are expected to exercise diligence in accurate reporting. De-identified aggregated reports are made available to the public. A publically available data quality log is maintained for significant errors discovered post-publication, with the insurer's name, scale of errors and corrective details.

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1. PERIODICITY OF FILE SUBMISSION

Enrollment data should be reported on the 2nd and 16th of every month no later than 4:30 pm Central. The data submitted on the 2nd and 16th of every month would reflect the data within carrier systems at 24:00Hrs of the 1st and 15th of the month respectively.

The periodicity of twice a month reporting will remain unchanged throughout the year.

(For example: Data submitted on Sunday, November 16, 2014 should reflect the data within the insurer's system as of 24:00 Hours Military time of Saturday, November 15, 2014).

The data should be delivered to Arkansas Insurance Department's secure FTP servers.

2. METHOD OF FILE DELIVERY

The file should be submitted to AID's secure FTP server. Insurers would not be able to see the other insurers' data. All accounts are set to 'write' access only. Logging in with the Username provided will log you in directly to the directory you need to place your data. The file location (directory or folder) within the FTP server is determined by Arkansas Insurance Department. Each FTP userid will be assigned its own location and one insurer will not be able to see other insurer's data in other folders, ensuring data confidentiality.

FTP server details:

Host: rhldsftp.insurance.arkansas.gov

Port: 22

Username & Password: Every insurer will be assigned a specific userid and password. (Please refer to Appendix 4 for details).

3. FILE NAMING CONVENTION

The following file naming convention is to help identify files to provide technical assistance.

The following is the naming convention for file submissions:

`i_filename_YYYYMMDD_nn.ext`

Table 3.0-1: File Naming Convention

Where	Means	Limit in characters
i	Insurer identification.	1

		Every insurer will be assigned an unique single character identification (Refer Appendix 4 for details)
filename	mrktinfo	8
YYYYMMDD	The data submission date	8
nn	A two digit number to be used by issuer if they prefer to submit the data split into multiple files. (This is not a number to be incremented for resubmitting the same data within a day, in case there was an error in an earlier submission. If corrections are needed, the new file should replace the older file by using the same name)	2
.ext	Extension identifying the file format: .del - delimited	3

Example: A file submitted by Qualchoice for Monday, April 07, 2014 would have the name `q_mrktinfo_20140407_01.del`. If Qualchoice wanted to correct some data and resubmit, it should replace `q_mrktinfo_20140407_01.del` and should not submit a file with a different name, say `q_mrktinfo_20140407_02.del`. If for some reason Qualchoice prefers to submit two separate files one for PO and one for FFM data they could use the single digit to distinguish the files, such as `q_mrktinfo_20140407_01.del` and `q_mrktinfo_20140407_02.del`

4. DELIMITED FILE SPECIFICATION

Files need to be generated using the **ASCII character set**.

Field delimiter : | (pipe delimiter required and NOT comma)

Text delimiter: none

Record delimiter : carriage return/line feed.

The file will have no column or field header but will need a header record.

1.1 Header Record Definition

The header record is required and is the first record in every file submitted to AID. The purpose of the header record is to provide control information as to the file type, number of data records in the file, file name, file identifier, and file reporting period.

Table 4.1–1: Header Record

Data Element Name	Type	Definition / Comments	Permitted Values
File Type	String	Identifies the type of file being submitted.	MARKETPLACE ENROLLMENT INFORMATION
Total Records in File	Number	The total number of Data Records contained in the file. The header record is NOT included in this count.	
File Name (Including file extension)	String	The file name including extension, the same as the external file name.	See section 3.0
Carriage Return / Line Feed (CRLF)			

Table 4.1–2: Header Record Example

Format	File Type Total Records in File File Name
Example	MARKETPLACE ENROLLMENT INFORMATION 52187 q_mrktinfo_20140407_01.del

1.2 Data Record Definition

Data records are required and immediately follow the header record in every file.

Please note that each enrollee should have one, and only one record and attributes of the enrollee should represent the latest information available about the enrollee at the time of reporting.

Note: in all cases date and date/time fields must follow ISO8601 format:

Date: YYYY-MM-DD

Date/Time: YYYY-MM-DDThh:mm:ss (Local and not GMT)

Table 4.2–1: Data Records

Data Element Name	Length	Type	Definition / Comments	Permitted Values
Insurer	1	String	A single character identifying the insurer submitting the data during the plan year	(Refer Appendix 4 for details)
Channel	1	String	A single character identifying the mechanism enrollment	F – for Federally-facilitated Marketplace P – for Private Option S – SHOP
FIPS County Code	5	String	The Federal FIPS code identifying the county (with leading zero for Arkansas i.e. 05).	See Appendix 1 for Arkansas county values. Example: Jefferson county would be 05069
DOB	10	Date	The date of birth of enrollee	
Gender	1	String	Gender provided by enrollee	M – Male F – Female U – in case unknown/other
PlanID	17	String	This is the Plan identification down to the variant level	Federal HIOS Plan ID + Variant. There is a dash (-) between the HIOS Plan ID and variant. Example: 70525AR0070009-06
Assist_Flag		String	This is to identify if the individual was assisted by an Agent/Broker (Insurer would have the Agent/Broker ID)	Y – Yes, assisted by Agent/Broker Use blank if information is not available

Data Element Name	Length	Type	Definition / Comments	Permitted Values
Date+Time enrollee signed up	19	Date time (ISO 8601)	This is the date and time the enrollee actually signed up for a plan. This is not the date & time the 834 was actually sent to the insurer.	Example of valid date and time: 2014-02-23T14:25:10 (Do not report as GMT) Use blank if Date+Time not available
Payment_status	1	String	This is to categorize the enrollment data based on premium payment status.	C - Consumer is current on premium G - Consumer is on a grace period (if a grace period is defined by the carrier) X - Consumer has been cancelled due to non-payment of premium (Maybe non-payment of first premium by effective date or non-payment of subsequent premiums). This includes people who have chosen to terminate or were terminated for other reasons by the insurer. Please pay attention to fill cancelled_date field with the appropriate date. F - First payment pending For the Private Option there can only be two values, "C" or "X", that is, current or cancelled.
Effective_date	10	date	Effective date of coverage for latest coverage. The age of the enrollee would be calculated using this date (age as on current effective date).	

Data Element Name	Length	Type	Definition / Comments	Permitted Values
First_Effective_date	10	date	If enrollee renews from previous years this should be from the first enrollment year, otherwise this date should be the same as the Effective_date. If there is a break in coverage and later the person re-enrolls (for example for a change in life event), it will be considered a new enrollment. Otherwise reenrollment (even to a different plan) using the FFM, without break in coverage should have the first effective date of the original enrollment.	
Cancelled_date	10	date	Date if enrollee has been cancelled.	Blank for a non-cancelled plan. If cancelled_date is prior to the date of data processing for this report, please ensure the Payment_status flag reflects the cancellation.
Tobacco_use_ind	1	String	For enrollees using tobacco	Y - If tobacco user. Use blank if information is not available
ZIP	5	String	Residential Zip code preferred (Five character ZIP code needed not ZIP+4)	
Race	6	String	Provide codes FFM uses within its 834s	Blank if unavailable. (See acceptable sample of race codes in Appendix 2).

Data Element Name	Length	Type	Definition / Comments	Permitted Values
Assister_ID	20	String	NPN number of broker/agent or in case of other assister types whatever ID the assister entered and conveyed through the 834s	Blank if unavailable
UID	20	String	Unique ID of enrollee in carrier systems. If the insurer chooses, they have the option to mask their own company unique ID with a separate unique ID generated for these reports but they should retain the historical cross reference to company Unique ID for every data submission for two years. In other words, this UID should be traceable to individual enrollees within carrier systems, if needed.	
Preventive care_visit_date	10	Date	Date of last preventive care visit extracted from insurer's Claims data (See applicable CPT codes in Appendix 3)	Blank if unavailable
PCP_visit_date	10	Date	Date of last visit to a PCP extracted from insurer's Claims data	Blank if unavailable
SP_visit_date	10	Date	Date of last visit to a Specialist extracted from insurer's Claims data	Blank if unavailable
Primary_NPI	10	Number	National Provider Identifier of the primary care provider for enrollee (physicians, assistants, nurse etc.)	Blank if unavailable

Data Element Name	Length	Type	Definition / Comments	Permitted Values
Family_ID	20	String	Any ID the insurer uses to tie a family together	Blank if none used.
Carriage Return / Line Feed (CRLF)	2			

Table 4.2–2: Data Record Example

	Example
Format	Insurer Channel FIPS County Code DOB Gender PlanID Assist_Flag Date+Time enrollee signed up Payment_status Effective_date First_Effective_date Cancelled_date Cancelled_date Tobacco_use_ind ZIP Race Assister_ID UID Wellness visit date PCP visit date SP visit date NPI Family I
Examples	Q F 05005 1955-10-20 F 70525AR00700009-06 N 2014-02-23T14:25:10 C 2015-01-17 2014-03-28 Y 72212 2054-5 5678 44014193401 2015-03-01 12347 F98688
	Q P 05019 1962-07-08 M 70525AR00700009-36 2013-12-17T14:25:10 C 2015-01-17 2014-03-28 Y 72212 2054-5 5678 44014193401 2015-03-01 12347

5. Appendix 1 (Arkansas County Codes)

The FIPS codes for Arkansas counties as maintained by National Institute of Standards and Technology (NIST) should be used:

ARKANSAS (AR) (05)

CODE	NAME	CODE	NAME	CODE	NAME
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001	Arkansas	051	Garland	101	Newton
003	Ashley	053	Grant	103	Ouachita
005	Baxter	055	Greene	105	Perry
007	Benton	057	Hempstead	107	Phillips
009	Boone	059	Hot Spring	109	Pike
011	Bradley	061	Howard	111	Poinsett
013	Calhoun	063	Independence	113	Polk
015	Carroll	065	Izard	115	Pope
017	Chicot	067	Jackson	117	Prairie
019	Clark	069	Jefferson	119	Pulaski
021	Clay	071	Johnson	121	Randolph
023	Cleburne	073	Lafayette	123	St. Francis
025	Cleveland	075	Lawrence	125	Saline
027	Columbia	077	Lee	127	Scott
029	Conway	079	Lincoln	129	Searcy
031	Craighead	081	Little River	131	Sebastian
033	Crawford	083	Logan	133	Sevier
035	Crittenden	085	Lonoke	135	Sharp
037	Cross	087	Madison	137	Stone
039	Dallas	089	Marion	139	Union
041	Desha	091	Miller	141	Van Buren
043	Drew	093	Mississippi	143	Washington
045	Faulkner	095	Monroe	145	White
047	Franklin	097	Montgomery	147	Woodruff
049	Fulton	099	Nevada	149	Yell

(Retrieved from <http://www.itl.nist.gov/fipspubs/co-codes/ar.txt> on 1/26/2014)

6. Appendix 2 (Examples of Race Codes*)

Choices for the FFM Application On-Line Selection	CDC Code Sent on 834
Hispanic, Latino or Spanish Origin	2135-2
American Indian or Alaskan Native	1004-5
Asian Indian	2029-7
Black or African American	2054-5
Chinese	2034-7
Filipino	2036-2
Guamanian or Chamorro	2086-7
Japanese	2039-6
Korean	2040-4
Native Hawaiian	2079-2
Other Asian	2131-1
Other Pacific Islander	2500-7
Samoan	2080-0
Vietnamese	2079-9
White	2106-3
Other	2131-1

*Reference:

- 1) CMS, August 23, 2013, *Standard Companion Guide Transaction Information- Instructions related to the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda for the Federally facilitated Exchange (FFE) Companion Guide Version Number: 1.6*

7. Appendix 3: CPT codes for Preventive Services

99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years

99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of

	laboratory/diagnostic procedures, established patient; 18-39 years
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

8. Appendix 4: Insurer specific information.

Each insurer is assigned an unique user-id and identifying codes for enrollment data reporting.

New insurers entering into the Federally Facilitated Marketplace, Private Option or SHOP for the first year will be provided the above. To initiate the process they will need to email RHLDataOversight@arkansas.gov with the following

1. Subject line to have the following “Parameters for enrollment data reporting”
2. The body should have the following
 - a. Name and contact details of the person to receive the userid and password for the secure FTP server for data delivery
 - b. Name and contact details of the person to receive the data reference ID for the carrier if the person is different from a. above.

Following the above email, the Regulatory Health Link Division of Arkansas Insurance Department would assign

1. Userid and password
2. Carrier identification value “I” in Table 3.0-1 for file naming convention
3. Carrier identification data element “insurer” in Table 4.2-1 value within the data records

Examples of Userids:

Username: producer_ab1	<Ambetter>
Username: producer_bb1	<Blue Cross Blue Shield>
Username: producer_bm1	<Blue Cross Blue Shield - Multi State Plan>
Username: producer_qc1	< QCA Health Plan, Inc. >
Username: producer_ql1	<QualChoice Life and Health Insurance Company, Inc. >

Examples of carrier identification values:

A - Ambetter
B - Blue Cross Blue Shield
M - Blue Cross Blue Shield - Multi State Plan
Q - QCA Health Plan, Inc.
H - Qualchoice Life and Health Insurance Company, Inc.